

**APPLICATION FORM**  
APPROVED TRAINING PROVIDER  
FOR MONTANA CONTINUING EDUCATION CREDIT

FORM #ATP1  
ATP-APP.FRM  
Rev. 9/03

Mail original to DEQ - Keep copy for files

**Instructions:** Complete this form and return it to the **WATER/WASTEWATER OPERATOR CERTIFICATION OFFICE\*, Box 200901, Helena, MT 59620-0901** by April 1. This application will be reviewed by the Water/ Wastewater Operators Advisory Council or a committee appointed by that Council, and a determination will be made within a **six to eight week period**. To have an individual course approved, please contact the Certification Office for an appropriate form. A provider must reapply and be approved every two years, concurrent with the CEC biennium. **TO HELP IN THE EVALUATION PROCESS, PLEASE ATTACH PREVIOUSLY APPROVED CLASSES WITHIN THE LAST CEC PERIOD.**

**TRAINING PROVIDER:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**PRINCIPAL GOAL OF ORGANIZATION (TRAINING SECTION):** \_\_\_\_\_

**TYPES OF TRAINING PROVIDED:** \_\_\_\_\_

**COURSES WILL BE APPLICABLE TO:**

ALL CERTIFIED OPERATORS

WELL WATER SUPPLY OPERATORS

WATER DISTRIBUTION OPERATORS

WASTEWATER TREATMENT PLANT OPERATORS

WATER TREATMENT PLANT OPERATORS

WASTEWATER LAGOON OPERATORS

**PERSONS AUTHORIZED TO MONITOR AND VERIFY ATTENDANCE OR COURSE COMPLETION:**

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**IT IS AGREED** that the above information is accurate. **IT IS AGREED** that all laws, rules, guidelines and course criteria, as well as the Montana Approved Training Providers Code of Ethics required by the Montana Operator Certification Program will be followed. **THE TRAINING ORGANIZATION IS AWARE** that all records will be made available to a member of the DEQ upon request; and this approval is for a two-year period which must be re-applied for every two years coinciding with the current CEC biennium. If any of the above requirements are not met, the approved training provider status shall be revoked.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*For more information, contact Ashley Eichhorn, Water/Wastewater Certification, PO Box 200901, Helena, MT 59620-0901 (406/444-4584).

**APPROVAL INFORMATION FOR  
ATP APPLICATION – Page 2**

**ATP#:**\_\_\_\_\_ **ATP NAME:**\_\_\_\_\_

**REVIEWED BY:**\_\_\_\_\_

**REVIEWED BY:**\_\_\_\_\_

**DATE APPROVED:**\_\_\_\_\_

**FOR BIENNIUM ENDING:**\_\_\_\_\_

**REASONS:**\_\_\_\_\_

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**DATE DISAPPROVED:**\_\_\_\_\_

**REASONS:**\_\_\_\_\_

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**DATE ATP NOTIFIED:**\_\_\_\_\_

**NOTIFYING OFFICIAL:**\_\_\_\_\_

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